

Find the plan that's right for you.

Fact Sheet for Vermonters Purchasing Individual or Family Plans

If you currently purchase an individual or family health plan on your own or you have Catamount Health or VHAP, you have options when it comes to finding a health plan for 2014.

The following information is intended to answer frequently asked questions. For additional assistance, please call (855)899-9600 or visit VermontHealthConnect.gov.

How do I find a new health plan?

If you need health coverage that begins as early as January 1, 2014, you can find and enroll in a new plan through Vermont Health Connect online, by phone or paper or with the help of an in-person assister. Visit VermontHealthConnect.gov or call (855)899-9600 to get started.

I currently buy coverage on my own; what are my options?

You can use Vermont Health Connect to find a new plan that best meets your needs and budget before March 15, 2014.

If you do nothing, your current plan will be automatically extended until March 31, 2014. To avoid gaps in coverage, you must enroll in a new health plan through Vermont Health Connect before your plan expires.

During this time of transition, we want to ensure that you are covered. If you receive more than one bill in December, please call (855)899-9600 so that we can help you pay only for the plan you want. If you have enrolled through Vermont Health Connect for a new plan starting January 1, 2014, you can avoid receiving two bills by cancelling your old insurance plan by December 2, 2013.

I am currently enrolled in a Catamount Health plan; what does this mean for me?

Individuals currently purchasing Catamount Health — who are not Medicaid eligible in 2014 — will automatically have Catamount Health and Catamount Health Assistance (if applicable) extended until March 31, 2014, if they have not already selected a new plan through Vermont Health Connect. To avoid gaps in coverage, you must enroll in a new health plan through Vermont Health Connect before your plan expires. You can enroll in a new plan through Vermont Health Connect at any time before March 15, 2014.

I am currently enrolled in VHAP; what does this mean for me?

You must enroll in a new plan through Vermont Health Connect at any time before March 15, 2014. VHAP beneficiaries — who are not Medicaid eligible in 2014 — will automatically have VHAP extended until March 31, 2014, if they have not already selected a new plan through Vermont Health Connect. Vermont Health Connect staff will be reaching out to help you enroll in a new health plan with financial help before the end of March.

What's happening with the Employer Sponsored Insurance Assistance (ESIA) program?

ESIA will be extended until March 31, 2014. Ask your employer about their plans for offering 2014 health coverage.

What happens when my extended health plan expires?

Before your extended health plan expires, you will use Vermont Health Connect to find and enroll in a new health plan. You should enroll in a new plan by the 15th of the month before your current plan expires. Call (855)899-9600 or visit VermontHealthConnect.gov to learn more about available plans.

If my plan is extended through March 31st, do I have to wait to sign up for a new plan?

No. While your current plan will be extended through March 31, 2014, you can move to a new Vermont Health Connect plan at any time.

How will extending my plan affect my ability to get financial help?

If you have Catamount Health Assistance, you will continue to receive the reduced premium during the extension period.

For Vermont Health Connect plans in 2014, an individual earning up to \$46,000 or a family of four earning up to \$94,200 may qualify for financial help to lower the costs of their health plan. This financial help is only available for new plans purchased through Vermont Health Connect. To see if you qualify for help, visit VermontHealthConnect.gov or call (855)899-9600.

If I choose to extend my current plan for up to three months, how will that impact plan deductibles?

Your deductibles will be reset on January 1, 2014 if your current plan is extended. When you move to a new plan, you will be credited for amounts applied to the deductible since January 1, 2014, *if* you enroll with the same insurance carrier.

For individuals on Catamount Health, your deductible will also be credited for amounts applied toward your deductible as long as you continue with a new plan from Blue Cross and Blue Shield of Vermont.

If I do not want to extend my plan, what should I do?

Select a new plan through Vermont Health Connect by December 15, 2013.

During this time of transition, we want to ensure that you are covered. If you receive more than one bill in December, please call (855)899-9600 so that we can help you pay only for the plan you want. To avoid receiving two bills, cancel your old insurance plan by December 2, 2013.

I received a notice that I will be automatically enrolled in Medicaid, has this changed?

No. As long as you have had no income change, you will still be automatically enrolled in Medicaid. This new extension option does not affect you.

I've started an account on VermontHealthConnect.gov, but I haven't picked a new plan yet. What should I do now?

You can either proceed and pick a plan for 2014 or, if you do nothing, your current health plan will be automatically extended to March 31, 2014.

I received a notice that my carrier is canceling my current plan. Am I still eligible for an extension?

Yes. All current individual market coverage will be eligible for an extension until March 31, 2014.

What if I extend my current plan and then forget to sign up in a new plan through Vermont Health Connect by March 15, 2014? Doesn't open enrollment end March 31st?

Your current plan will extend until March 31, 2014. When that plan ends, you will have a "qualifying event" and will have 60 days to purchase a new plan through Vermont Health Connect, even though open enrollment has ended. Coverage through Vermont Health Connect must be selected by the 15th of the month prior to the month you want your new Vermont Health Connect plan to begin. For example, you must enroll by April 15, 2013 in order to have coverage effective May 1, 2014.